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Harlem Service Providers' Perceptions of the Impact of Municipal Policies on Their Clients With Substance Use Problems

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ABSTRACT *Substance abuse is a significant health and social problem in many low-income urban communities. Finding appropriate help for drug users has been identified as a significant barrier to reducing the harm from drug abuse. This report presents findings from a survey of service providers in the Central and East Harlem communities, New York City, conducted in 2000 to identify policy obstacles that impeded clients' attempts to overcome substance use and related problems. Policies can affect substance users by making access to drug treatment more difficult or by imposing unrealistic expectations on substance users for eligibility for benefit programs. Respondents to the survey were asked to rate 30 specific policies as harmful or helpful to their clients and to assess how the policies acted as barriers or facilitators to getting services and reducing drug use. Eleven policies in the areas of drug treatment, corrections, and Medicaid were rated as harmful to their clients by more than 50% of the respondents. We discuss the implications of these and other findings for drug users' ability to seek and receive help for their problems.*

KEYWORDS *Substance abuse, Drug treatment access, Program eligibility.*

INTRODUCTION

Substance use is a significant health and social problem in many low-income urban communities. In East and Central Harlem, two low-income neighborhoods in New York City, substance use is an important contributor to the high rates of problems such as human immunodeficiency virus, homicides, and violence.[1,2] Researchers, service providers, and concerned community members increasingly recognize that substance use is influenced by the social environment as well as by better-studied individual-level factors. Limited educational, housing, and employment opportunities as well as the easy availability of drugs and the limited access to both formal and informal substance abuse services contribute to the harm that drugs and alcohol impose on communities such as East and Central Harlem.

Public policies at the federal, state, and local levels can play important roles in helping drug users overcome their problems, both by their impact on living conditions and by the extent to which they limit or expand an individual's access to services. Little research to date has explored the question of whether and how public policies influence the lives of people with substance use problems. This research sought to enhance understanding of how a range of policies in domains such as

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public assistance, criminal justice, housing, and health care influence the ability of Harlem service providers to care for their clients with substance use problems.

The federal War on Drugs has been an important government priority for many years, leading to an explosive rise in the incarceration of drug users in the last two decades, as well as a number of policies that limit drug users' access to public assistance and health benefits, housing, and educational opportunities, among others.[3–6] The 1996 federal legislation One Strike and You're Out, for example, permits federal housing authorities to evict or deny access to federally subsidized housing to households on the basis of the conviction of a family or household member for a drug-related crime.[7] In addition, many of those incarcerated for drug offenses lose Medicaid coverage while in jail or prison, often resulting in denied access to health services, medications, or drug treatment on release. The 1996 Gramm Amendment (No. 4935) of Welfare Reform imposed a lifetime ban on Food Stamps and Temporary Assistance for Needy Families for individuals with felony convictions for illegal drug possession, although states have increasingly granted discretion to modify or revoke the Temporary Assistance for Needy Families ban.[8] State and local laws often extend these restrictions or add new ones.[9]

Our experience and a growing body of research suggest that a number of health and social policies have harmful consequences for drug users and may exacerbate the problems they face.[8,10–16] However, researchers have generally not studied the synergistic impact of multiple policies or developed methods for choosing priorities for policy change when several policies may be harmful. Our goal in this study was to understand better the range of policies that affected drug users and to inform the priority-setting process for those seeking policy change. We surveyed frontline service providers and their managers on their perceptions of the influence of different policies on their capacity to serve clients with substance use problems. Providers' voices are often excluded from the policy process, yet their day-to-day experiences provide insights that can help public officials, advocates, and others to design more effective policies to help drug users reduce their use.

METHODS

The study described here was part of a multilevel community-based participatory research and action program designed to reduce substance abuse in East and Central Harlem.[17–19] Components of this intervention include the development of a survival guide designed to help drug users and their families find the information and resources needed to meet their needs[20] and the creation of a Web-based resource guide to help community service providers make more appropriate referrals for drug users. A third component was to develop and evaluate an intervention to address and change citywide policies harmful to drug users leaving jail.[19] The first stage in this policy campaign recognized the need to identify specific policies that affected substance users and to choose priorities for action.

In 2000, a descriptive, cross-sectional survey was designed to elicit service providers' perceptions of policies that affect their clients who use drugs or alcohol. The survey was distributed to approximately 120 frontline staff and managers at drug treatment and other health and social service agencies (e.g., job placement programs, food banks, etc.) in East and Central Harlem. Agencies selected were those represented on the project's Community Action Board or recommended by members of the board.[18] To be eligible for the study, respondents had to report that at least 20% of their current clients had a significant substance use problem at some

point over the last 5 years or that they spend at least 20% of their time either providing direct services to substance users or supervising staff who provide direct service to people with substance use problems. Of the 120 providers invited to participate, 80 (67%) reported that they met the eligibility criteria and chose to complete the survey.

To select relevant policies for investigation, the community-based research team consulted experts in substance use treatment and Harlem service providers and reviewed relevant literature to identify policies in housing, corrections, health services, public assistance, child protective services, and corrections that affected drug users. After compiling a list of all identified policies, we combined similar policies and arbitrarily included on the survey the 30 topics most frequently identified in our review process. The survey asked respondents to assess these city, state, and federal policies for their impact on their clients and to give examples of how the policies served as barriers or facilitators to receiving services and reducing drug use. In addition, study respondents were asked to identify the three policies that served as the most significant obstacles for their clients.

Analyses were conducted to describe sociodemographics of the survey respondents, the agencies they represented, and characteristics of the clients served. In addition, we present results of descriptive analyses of respondents' identification of particular policies that were unfamiliar to them and their assessment of the impact of these policies on their clients. Analyses were also conducted to determine if there were any differences in perceived impact of policies according to characteristics of survey respondents.

RESULTS

Characteristics of Service Providers

As shown in Table 1, the majority of service providers who responded to the survey were female (78%), and most were African American (51%) or Hispanic/Latino (29%). The sample was fairly equally distributed across three age groups: 26–35 (32%), 36–56 (36%), and 46–55 (25%) years. Survey respondents represented a variety of agency types, with the majority from therapeutic community services (30%) and social service agencies (28%) and the rest from a range of agencies, including employment programs (14%); health care agencies (9%); MICA (mentally ill chemical abusers) residential programs (5%); legal services (5%); and outpatient (4%), housing (4%), and harm reduction (1%) agencies. The majority (67%) were in frontline, direct service roles within their agencies; 25% were supervisors. Length of employment among survey respondents varied, with approximately similar proportions employed less than 1 year at their agency (33%), 1 to 4 years (37%), and 5 years or more (30%). There were no significant differences between frontline service providers and managers on any of these variables.

Characteristics of Clients Served

A significant percentage (69%) of survey respondents reported that more than half of their client base had received public assistance in the last year. Respondents reported a high proportion of drug-using clients: 30% reported that more than half their clients used crack; 29% of survey respondents reported that more than half of their clients used alcohol; 26% reported that more than half their clients used cocaine; and 11% reported that more than half their client base used heroin. Of survey respondents, 7% estimated that more than half of the clients they served

TABLE 1. Demographic characteristics of survey participants

Characteristics	%
Gender (n = 73)	
Male	21
Female	78
Transgender	1
Race (n = 73)	
African American	51
Hispanic or Latino	29
White, not Hispanic	16
Mixed	3
Other	1
Age (n = 72)	
19–25 years	4
26–35 years	32
36–45 years	36
46–55 years	25
56 years or older	3
Education (n = 71)	
High school graduate or GED	12
Some college or technical school	24
College graduate	27
Graduate school	37
Agency type (n = 79)	
Drug treatment	40
Social/medical services	40
Other	20
Length of employment (n = 76)	
Less than 1 year	33
1–2 years	22
3–4 years	15
5 years or longer	30
Job description (n = 76)	
Service provider (direct client contact)	67
Manager (no direct client contact, manager of provider staff)	25
Other	8

were current injecting drug users. Finally, approximately one quarter of the sample reported that more than half of their clients had been incarcerated and/or homeless within the last year.

Policies Rated as Harmful to Clients

As shown in Table 2, 11 of the 30 policies were rated as harmful to their clients by more than 50% of survey respondents. Among these, 3 were correctional policies related to the lack of discharge planning and aftercare for people leaving jail, 2 were Medicaid policies, and 2 were mental health policies. Fewer than 20% of respondents reported these 11 policies did not affect their clients, and fewer than 15%, and in most cases fewer than 5%, of respondents rated these 11 policies as helpful to their clients.

TABLE 2. Policies rated by more than 50% of survey respondents as most harmful to clients

Policy	Policy mostly harmful (%)
Medicaid	
Long waiting period for Medicaid card in order to receive services, especially after release from jail	86
Some drug treatment programs do not accept Medicaid	65
Correctional	
Facilities releasing inmates without treatment planning or aftercare	75
Facilities releasing inmates at times drug treatment facilities are not open	64
Discharge planning offered to limited number of inmates prior to release	53
Housing	
Eviction of individuals and/or families from public housing as a result of a household member being convicted of a drug crime	73
Mental health	
Drug treatment programs not offering child care services	70
Lack of integration of drug and alcohol programs into mental health programs	63
Child welfare	
Possible loss of parental custody because of violations of workfare or other welfare regulations	63
Police	
Targeting of homeless, drug users, and mentally ill for minor violations	61
Welfare	
"Welfare-to-work" requirement that recipients find work and leave welfare within a specified time period	56

Policies Rated as Helpful to Their Clients

A few other policies were rated as helpful to their clients by more than half of respondents surveyed. Mandatory drug treatment for people on welfare was rated as helpful by 62% of service providers. An aggressive police response to domestic violence reports was rated as helpful by about 50% of respondents (data not shown). For some policies, respondents were divided in their opinion on the impact on clients. For example, mandatory reporting of positive drug toxicology to the city's welfare agency was rated as helpful by 23% and harmful by 28% of respondents, and a requirement of clean time as a condition for getting housing was rated as helpful by 35% and harmful by 30%.

Most Significant Obstacles to Clients

Five policies were rated by providers as the most significant obstacles to serving their clients (Table 3). Three of these limited clients' access to such government benefits as Medicaid, public housing, or welfare. Requiring identification to receive welfare or drug treatment and having to wait a long period of time for a Medicaid card to receive health care were rated by 31% and by 19% of providers as serious obstacles to their clients' recovery from substance abuse.

TABLE 3. Policies rated as biggest obstacles to service provision

Policy	%
"Welfare-to-work" policy requiring that recipients find work and leave welfare within a specified time period.	31
Long waiting period for Medicaid card in order to receive services	31
Eviction of individuals and/or their families from public housing as a result of household member being convicted of a drug crime	28
Limited availability of drug treatment programs that offer child care services	19
Identification such as birth certificate, social security card, driver's license, or the like required in order to receive welfare, drug treatment, and other services	19

TABLE 4. Policies that more than 30% of survey respondents had no knowledge about

Policy	%
Mental health	
Abstinence-only requirement for MICA programs	44
Incarceration of mentally ill in lieu of jail diversion programs	40
Drug services	
Number of drug treatment slots in jail	34
Harm reduction programs focusing on injection drug use only	31
City administration's opinion of methadone maintenance	30
Housing	
Domestic violence shelters not allowing women on methadone to stay	31
Police	
Police search and/or arrest of needle-exchange program participants	31
Medicaid/managed care	
Loss of eligibility or inability to apply for Medicaid while incarcerated	30

Lack of Awareness of Certain Policies

Many respondents were unaware of a number of policies and their impact on clients. These included policies in housing, mental health, Medicaid/managed care, police, and drug services. As shown in Table 4, more than 30% of respondents reported that they were unaware of 8 of the 30 policies investigated. Frontline service providers were more likely than supervisors to report having no knowledge about 2 of these 8 policies, the city administration's rules on methadone maintenance ($t = 2.851$, $P = .006$) and the abstinence-only requirement for MICA programs ($t = 2.932$, $P = .021$).

DISCUSSION

Our findings suggest that service providers identified a number of policies across different systems (such as health care, criminal justice, and housing) as harmful to clients. This finding reinforces the importance of social policies on topics such as income support, health, housing, and the treatment of drug use and related problems. Many of the policies that service providers rated as serious obstacles to serving their clients (such as limited access to government benefits, requiring identification to receive welfare or drug treatment, a long waiting period for Medicaid) may deter substance users from seeking or obtaining Medicaid coverage and entering drug

treatment. These delays may be especially harmful when individuals require treatment for their addictions to become employable, regain custody of their children, or continue to receive public benefits. Lack of drug treatment or the means to self-sufficiency may contribute to a downward cycle of dependency on drugs and drug-related crime to survive. In New York, about half of those who are discharged from jail are rearrested within 12 months.[12]

Results reported here also suggest that a policy in one system can intersect with policies in other systems to exacerbate health, substance use, and other problems in a vulnerable population. Survey respondents reported that a significant proportion of their clients has a history of incarceration and, even though an estimated 80% of New York City jail inmates report a substance use problem, most inmates receive limited or no help to find drug treatment after release.[12] The absence of routine discharge planning and aftercare for those leaving jail means that inmates often leave jail with their government benefits suspended and with no identification.

Out of jail, substance users face cumbersome requirements and a long waiting period to obtain Medicaid for needed services, delaying their entry to treatment after release. Limited job training and employment programs may push people back into drug use or selling. A study of heroin users, for example, found that few received adequate support from government programs and most depended on crime for their income.[22] Many studies document the high recidivism rates of drug offenders; one national study has shown that approximately two fifths of drug offenders are rearrested within the first year after release.[23] The synergistic impact of multiple policies on drug users may thus erect additional hurdles for drug users seeking help.

Providers were divided over whether certain policies were helpful or harmful to their clients. This lack of consensus around some issues may reflect the varying needs of different populations as well as differences in practitioners' experiences or knowledge about how specific policies have affected individual clients. In other cases, such as the value of mandated treatment for new mothers based on a positive neonatal toxicology, differences may reflect deep ideological conflicts about the best policy approach to reducing drug use during pregnancy.[24] In addition, the consequences of one policy may often depend on whether other policies are in place. For example, requiring drug-using women to complete drug treatment prior to regaining custody of their children is a rational but empty policy if drug treatment slots are not available. Intersecting policies that put multiple behavioral expectations on vulnerable clients may worsen rather than improve their lives.

In the last 8 years, policies on Medicaid, welfare, drug treatment, and criminal sentencing have changed in New York City and State, in other states, and at the federal level. Often, elected officials make these changes based on a desire to save money and send a political message rather than on sound scientific evidence.[25–27] Our survey respondents, similar to many policymakers, may not be aware of the full impact of specific policies on vulnerable populations. A significant number of respondents, particularly frontline service providers, had no knowledge of the policies identified in the survey. This suggests that policymakers and advocates need to educate service providers, their managers, and other stakeholders about current and changing policies.

These findings also demonstrate the need for more systematic policy analyses, including evaluation of the synergistic impact of multiple policies on vulnerable populations. Many of the policies in sectors outside of health may contribute to adverse health outcomes through multiple pathways. Correctional policies that fail to reinstate Medicaid eligibility or provide discharge planning or aftercare for

people leaving jail, for example, make it harder for those with substance use and other health problems to get help after release. Some programs originally conceived as safety nets for the vulnerable segments of the population have adopted stringent regulations designed to reduce costs and deter enrollment, thus pushing people into less-healthy circumstances.[25] The results of this survey have helped to guide the choice of policies to target in a community-level intervention described elsewhere.[19] The frequency of problem policies related to correctional issues led the community research team to target this area for policy advocacy and community education.

Our study is limited in several ways. First, the study population of providers is a convenience sample recruited from two urban neighborhoods. Therefore, findings may not be generalizable to other low-income urban communities. In addition, because there are no data on the universe of service providers, we cannot assess the extent to which our sample is representative of all providers in these communities. Second, the sample is relatively small, limiting the statistical power needed to analyze differences among types of providers. In addition, service providers' perceptions of policy barriers to serving clients with drug use problems may be somewhat biased, depending on their own professional experience, their knowledge of local policies, and their ideologies. The intent of this report was not to assess the veracity of providers' reports of policy barriers to services, and their comments should be interpreted with caution. In addition, our decision to restrict the survey to the 30 policies most frequently mentioned by our consultants limited our ability to assess the relative importance of these policies compared to other policies not addressed.

Despite these limitations, the sample did include a diverse group of frontline service providers working with a large number of drug users, thus strengthening the utility of our findings. Our study suggests the need for a more sophisticated level of communication among key stakeholders. Evidence of adverse synergistic impact of multiple policies on substance users should inform policy development. Service providers need to find ways to become more actively involved in policy development, organizing themselves to be effective advocates. Existing coalitions of service providers, of which there are several in Harlem, provide a forum for policy briefings, advocacy, and action. Service providers can also become more involved in the legislative arena, offering legislators useful insights into the impact of policies on their clients and bringing client voices into the policy process. Policymakers also need to find ways to make such feedback a routine part of policy analysis. In addition, key stakeholders (e.g., officials, advocates, users of service, and providers) across multiple systems, such as housing, health, and corrections should more closely examine how policies in each system interact with those in other systems. Involvement of these stakeholders can increase the likelihood that policies will help rather than harm their intended subjects.

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